FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Discloeure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

electronically. Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of	Organization)		
CITIZENS FOR ECONOMIC G	POWTH IN LYON COUNTY	FORM	
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City C Subdivision Candidate (8) County PAC (9) City PAC (10) Sch	for: The (2)State PAC (3)State Party	DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:			
Candidate Name	Political Party (If applicable)	Scanned	
Office Sought	District (if Senate or House)	Audited	
Late reports are subject to possible civil and criminal penalties, candidate's committee, and the chairperson, for any other type	Pursuant to lowe Code sections 68B.32A(7) a of committee, is the individual responsible for i	nd 68A.401(3), the car Ming timely and accura	didate, for a te reports.
SIGNATURE OF PERSON FILING REPORT	712 472 3486 TELEPHONE	10.18.	IGNED
IAM FILINGA OCTORER 19, 2010	REPORT FOR (1) ELECTION ((2))	MON EL ECTION VE	, D
(report date)	Indicate by #		-V.
CHECK IF AMENDMENT TO REPORT DATED			
Check if this is final (termination) report and attach Notice (You must confinue to file reports until a DR-3 is f	ce of Dissolution Form DR-3,	Il Committees, enter Par Il 2 / Il hty & Local Committees, h Election is held L. / ON	0
STATEMENT OF CASH ON HA	IND		
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as to of the last reporting period or must be zero if this	he cash on hand at the end	\$	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		-16	
Schedule A: Cash Contributions total (Attach Sch	nedule A) ("also see in-kind below)	<u>** 200</u>	0,000.00
Schedule F: Loans Received total (Attach Sched	ule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Co	ommittees Oniv) SUB-TOTAL	. # 200	0,000.00
SUBTRACT TOTAL MONEY SPENT THIS PERI	OD		•
Schedule B: Expenditures total (Attach Schedule		464	1737.75
Schedule F: Loan Repayments total (Attach Sche	•	····	
CASH ON HAND at the end of this reporting period (if final	report balance must be zero)	s <u> </u>	,262.25
UNPAID BILLS (From Schedule D - Attach Schedule D).	*************************************	\$2	6,417.50
"IN KIND CONTRIBUTIONS (From Schedule E - Attach Sc	hedule E)	s	, 923.08
***OUTSTANDING LOANS (From Schedule F - Attach Sch	dule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES	NO .
CANDIDATE COMMITTEES ONLY:		•	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - /	Mach Cohadula LII		
STATE COMMITTEES: Submit a reconciled campaign acc		2	······································

ID# CK# ID# ÇK# 1D# CK# ID# CK# 10# CK# ID# ÇK#

-19-2010 TUE	E 04:00 PM				P. 003
For Instruction	эл з, See Ba ck of F	orm Reset	Form SCHED	ULE	
	ONS MONEY TA	KEN IN	(Rev. 0	***************************************	
COMMITTEE	NAME (Must be same	es on Statement of Organization)		CHECK THIS BY AMENDING FO	
CITIZENS	s for econom	VIC GROWTH IN LYON COMING			
STATE CANDIDA NUMBER AND THE DISCLOSURE BOA		IBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION OF THE DESIGNATED COLUMN. A LIST OF 1D NUMBERS IS AVAILABLE.	OMMITTEE), LIST THE ILE FROM THE IOWA E	PAC IDENTIFICATION CAMPA	ON JGN
NOTE: ANY PER RESPONSIBILITI	ISON, OTHER THAN AN IES AND SHOULD IMMI	NINDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO EDIATELY CONTACT THE BOARD.	YOUR CAMPAIGN M	AY HAVE FILING	
		its the use of information copied from reports and stateme or than statutory political committees.	nts for soliciting cont	ributions or for a	ńγ
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
-11-	10#	LYON COUNTY RESORT & CASINO		s	
07/19/10	ÇK#	RIVERSIDE, IA. 52327		50,000	ф <u>!</u>
10/4/10	10# CK#	LYON COUNTY RESURT SCASINO 3184 HMY 22		150,000.	
.	ID#	RIVERS 106, TA. 52327			
	CK#				
	ID#				
	СК#				<u> </u>

SUB-TOTAL

TOTAL (If last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

\$200,000.

Page / or // (for Schedule A)

FOR INSTRUCTIONS,	SEE BACK OF FORM
-------------------	------------------

Reset	Form	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR ECONOMIC GROWTH IN LYON COUNTY

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/5/10	ID# CK# /	THE AD TRACK CORP. 6060 Huntington U. CBOALRAPIDS, IA. 5240	SMART VOTE COMPUTER PRO GRAM.	\$ 1,950.00
8/5/10	ID# CK# 2	JAYNE WELLS 1713 E. 4973 ST. SIDVY FALLS 40 57103	CONTRACT PAY FOR	\$ 5,000.00
8/5/10	ID# CK# _3	BROOKE PEDERSEN 1004 14 AVE. ROCK RAPIDS TA. 57246	CONTRACT PAY FOR HELPING WITH CAMPAIGN - ANGUST	\$2,500.00
815/10	СК# -	ROCK RAPIDS CAC 206 14 STREET ROCK RAPIDS, IA. 5/24/6	OFFI CE SPACE RENTAL - AUGUST -	4 400.0
8/5/10	1D# CK# 5	SUNSHINE FOODS 106 N. BOONE ST. ROCK RAPIDS TA 51246	SORA POP AND WATER	
8/5/10	ID# CK# 6	SUNSHINE FOODS 106 N. BOONE ST. ROCK RAPIDS, FA. 51246	POSTAGE STAMPS COFFEE AND PAPER GO-DS POR CAMPAIGN OFFICE	[‡] 54.17
&15/w		GEORGE OFFICE PROP. 103 5 BALDWIN GEORGE IA. 51237	SHREDDER, PAPER LABELS, FILES, FILE HOLDER, MISC OFFICE SUPPLIES	\$ 319.26
8/12/10	ID# CK# §	US POSTMASTER ROCK RAPIDS ZA.	6 ROUS OF STAMPS C44.00 rach.	₹264.00
			SUB-TOTAL	\$10,416.9

TOTAL (If last page of this schedule) \$____

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entitles providing consulting, advartising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the condidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i)...)

			_	
Page	 <u> </u>	of_		

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR ECONOMIC GROWTH IN LYON COUNTY

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/18/10	ID# CK# 20	WALL STREET PRINTS 112 FIRST AVENUE ROCK RAPIDS IA. 5124	ABSENTEE BALLOT FORMS	\$ 371.69.
8/18/10	1D# CK# 2-02-	GEORGE OFFICE PRODUTS 103 S. BALDWIN' GEORGE, TA. 51237	SECURE FILE TOTE	#214.75
8118/10	ID# CK# 203	LANDMARK STAATEGIES 6225 BRANDON AVE SPRINGFIELD. VA 22150	TO TELEVISIONE CALL	\$1,481.06
8/19/10	ID# CK# 1204	SUNSHINE FBOOS 106 N. BOONE ST. ROULRAPIDS, 51246	ROWS AND BEVERAGE FOR VOLVNTEER COPPEE	4 90.81
8/23/10	id# CK# 1205	US POSTMAGTER ROCK RAPIDS, IA.	6 ROUS OF STAMPS 6 44.00 lach.	*264.00
8123/10	ID# CK# 1206	WALL STREET PRINTERS 112 PIRSTAVENUE ROCK RAPIDS IA.	RETURN ENVELOPES, CALLING CARDS,	¥ 153.02
8/23/10	ID# CK# 12-07	HICKERY TECH PO BOX 3189 MILWAVKEE WI 53201	TELEPHONE AND INTERNET SERVICE	*427.37
	ID# CK#			
			SUB-TOTAL	0 -

TOTAL (if last page of this schedule)

SUB-TOTAL \$ 3004.7

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(i)...)

Page 2 of 7

FOR INSTRUCTIONS, S	SEE BACK OF I	FORM
---------------------	---------------	------

_	
Recet	Form
TANDAY	A VILLA

Reset	Porm

SCHEDULE B (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD,

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOREGOINEMIC GROWTH IN LYON COUNTY

	CANOIDATE	NAME AND ADDRESS TO LIVE		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPÉNDED
8/27/10	ID# CK# 1208	US POSTMASTER ROCK RAPIDS, IA.	60. 17 Etamps for ENVELOPES W/2 REQUEST	\$ 10-20
8/31/10	ID# CK# 1209	SUNSHINE FOODS 106. N. BOONE ST. ROCK RAPIDS, EA. 5124	SNAUKS FOR VOLUNTEER CALLERS	¥45.33
	ID# CK#	PREMIER BANK ROCK RAPIDS, IA SIZY	CHECK BLANKS	*16.05
9/1/10		BROOKE PEPERSON 1004 ISTANENUE ROCK RAPIDS, # 51246	CONTRACT PAY FOR HELP WITH CAMPAIGN - SEPTEMBER-	\$2,500.00
9/1/10	CK# 21	BEVERY VANDENEERD 906 S. GREEN ST. ROCK RAPIDS DA 5124	CONTRACT PAY FOR	\$ 5 60 .00
9/1/10	ID# CK# 2/2-	JAYNE WELLS 1713 E. 49th ST. Slowx Falls SD 57103	CONTRACT PAY FOR HELP WITH CAMPAIGN -SEPTEMBER	\$5000.00
9/1110	ID# CK# 1213	ACE HARDWARE 209 FIRST AVENUE ROOK RAPIDS, IA 5124/	FAN ANDAIR	4 44.38
9/1/10	ю# ск#)21Ч	US POSTMAGTER ROCK RAPIDS, 1251246	120 - 17K Stamps FOR ENVELOPES WITH 2 BALLOT REQUESTS	*20.40
•			SÚB-TÔTAL	\$6126 21

TOTAL (if iast page of this schedule)

° 8 136.31

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

(for Schedule B)

		·	
FOR:	INSTRUCTIONS	SEE BACK OF	FORM

Reset	Form

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR ECONOMIC GROWTH IN LYON COUNTY

سبب بنناء				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMÉ AND ADDRÉSS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/7/10	ID# CK# 1215	ROCK RAPIDS, 1A.5124/	POSTAGE TO MAIL FOLF BALLS TO EVENT	\$ 28.05
9/14/10	ID# CK# 21 6	ROCK RAPIDS CAC 206 MIRST AVENUE ROCK RAPIDS TA. 5 BY 6	OFFICE SPACE RENTAL-SEPTEMBER	\$ 400.00
9/16/10	ID# CK# }2-J7	GEORGE OFFICE PROP. 1035. BALDWIN GEORGE, JA. 51237	CALCULATOR, INK, MISC. OFFICE SUPPLES	*201.58
9/16/10	ID# CK# 1218	WALL STREET PRINTERS 112 FIRST AVENUE ROCK RAPIDS IASTOYL	CALING CARDS, RESORT PICTURES	¥ 95.70
9/16/10	CK#)219	US POSTMASTER ROCK RAPIDS, IA. 5124	100 - 17 & STAMPS FOR REQUEST FOR 2 BALLOT REQUEST FORM	\$17.00
9/20/10	CK# 1220	WALL STREET PRINTERS 112 FIRST AVENUE ROCK-RAPIDS, 1A.51046	ABSENTEE REQUEST FORM	*3,960.95
9/22/10	ID# CK# 1226	US POSTMASTER ROCK RAPIDS, IASTON	60-17 R STAMPS FOR ENWELOPES WITH 2 BALLOT REQUESTS	\$10.20.
19/1/10	ID# CK# 22	SUNSHINE FOODS 106 N. BOONE ST. ROCK RAP DS 1A. 51246	SODA POP AND SHAUKS	†56.81
			SUB-TOTAL	\$4,778.2

TOTAL (if last page of this schedule)

4,778.2

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A,402(3)(i).)

Page 4 of 7

FOR INSTRUCTIONS,	SEE BACK OF FORM	4
-------------------	------------------	---

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHECK THIS BOX IF AMENDING FORM		CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR ECONOMIC GROWTH IN LYON COUNTY

	CANDIDATE	NAME AND ADDRESS TO WHOM	7	
DATE EXPENDED (MM/DD/YR)	ID NUMBER (If applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/1/10	ID# CK# 1222	BROOKE PEDGRSEN 1004 15 AVENUE ROCK RAPIDS, IA 5046	CONTRACT PAY FOR HELP WITH CAMPAIGN - OCTOBER-	\$ 2,500.00
10/1/10	ID# CK# 1223	JAYNE WELLS 1718 E. 49th ST. STOUX FALLS SD 57103	CONTRACT RAY FOR HELP WITH CAMPAIGN -0 CFOBER-	¥ 5,000.00
10/1/10	ID# CK# 1224	BEVERLY VANDE NEERD 906 S. GREENE ST. ROCK RA-DIOS 1A. 51246	CONTRACT PAY FOR HELP WITH CAMPAIGN - OCTOBER-	* 500.00
	ID# CK# /225	DAVID BINDER RESEARCH 44 PAGG STREET #404 SANFRANCISCO, CA.94102	OF LYON CO. VOTERS	4 14,000.00
10/4/10	ID# CK# 1227	GEORGE, IA. 51237		*48.12
10/4/10	ID# CK# }228	HOUND DOG PRODUCTION PO BOX 91 LARCHWOOD, 1A. 51241	5 each of 4 sets of 4x8 signs 50 "vote yek" 516ms	*3,167.20
10/4/10	ID# CK# 1229	NEW CENTURY PRESS 310 FIRST AVENUE ROCK RAPIDS 1A.51246	"VOTE BY MAIL" MAILER PRINT IN & AND POSTAGE to 2500 SUPPORTERS	
10/4/10	ID# CK# 1230	HICKORY TECH. PO BOX 3188 MILWAUKEE, WI 63201	TELEPHONE AND INTERNET SERVICE	*364.58
			SUB-TOTAL	\$1918/2

TOTAL (if last page of this schedule)

		-
\$	4 0 4	36.0
	2X 9	46 0
_		
S		

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(i).)

Page5	of_	_ 7

FOR INSTRUCTIONS,	SEE BACK OF FORM
-------------------	------------------

Beers Free	:
Reset Form	:
Description of the same of the	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, JUST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)
CITIZENS FOR ECONOMIC GROWTH IN LYON COUNTY

<u> </u>		0		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/4/10	ID# CK# 1231	ROCK RAPIDS CAC 206 FIRST AVENUE ROCK RAPIDS, 14.51246	OPFICE SPACE RENT FOR OUTBER	\$ 400.00
	ID# CK# 232	BROOKE PEDERSEN 1004 IS AVENUE ROCK RAPKOS 14.51248	MILEAGE REIMBURSEMENT 848 MILES & 50 K/MILE	, - ,
10/4/10	ID# CK# 233	JAYNE WELLS 17 13 E. YATE ST. STOUX FALLS SO 57103	MILEAGE REIMOVESEMEN 850MILE- @ 50%/ MILE	*425.00
10/4/10	CK# 123Y	SUNGHINE FOODS 106 N. BOONE ST. ROCK RAPIDS, IA. 5124/6	SNACKS SUPPLIES FOR THE OFFICE	\$21.63
10/7/10	ID# CK# 235	SUNSHINE FOODS 106 N. BOONE ROCK RAPIOS A. 5124/6	SNAOKS / DRINKS FOR THE OFFICE	424.51
10/11/10	ID# CK# 1236	THE STRATEGY GROUPEN 1603 ORRINGTON AVE. 61730 EVANSTUN, THE 60201	e. Design and Creative for Pelsuasion Piece #1	\$4,750.00
10/11/10	ID# CK# 1237	THE STRATEGY GROUP, INC 1603 OKRINGTON AVE+1800 EVANSTON, ILL. 60201	DESIGN AND CREATIVE FOR "VOTE BY MAIL" PIECE	44,750.00
	ID# CK# 1238	NEW CENTURY PRECE 310 FIRST AVENUE ROCK RAPIOS IA. 51246	PERSUACION PIECE & 1 4,700. PIECES	¥2,583.72
			SUB-TOTAL	\$ 1337000

THIS BOX APPLIES TO	CANDID	ATES' CO	MMITTERS	ONI V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A-402(3)(i).)

TOTAL (if izst page of this schedule)

FOR INSTRUCTIONS, S	EE BACK OF FORM
---------------------	-----------------

Reset Form	SCHEDULE
	_

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR ECONOMIC GROWTH IN LYON CONNY NAME AND ADDRESS TO WHOM CANDIDATE PURPOSE DATE ID NUMBER AMOUNT EXPENDITURE (DESCRIBE TRANSACTION) EXPENDED (if applicable) (Disbursement) WAS MADE EXPENDED (MM/DD/YR) AND PAC CHECK NUMBER ID# JAYNE WELLS RE IMBURSEMENT FOR 10/18/10 1713 E. 49th ST. CK# 1240 OFFICE SUPPLIER \$ 31.18 STONX FAULS, SD 57103 - copies ID# NEW CENTURY PRESS VOTE YES YARD SIGN 310 FIRST AVENUE 10/18/10 CK# 1241 \$168.80 APC ROCK RAPIDS 14.51246 !D# NEW CENTURY PRESS PISPLAY ADS IN ALL 310 FIRST AVENUE 10/18/10 CK# /243 connty news papers +1,417.50 ROCK RAPIDS DA. 5124 GEORGE OFFICE PROD PRINTER INK 103 SOUTH BANDWIN CK# 1244 *171.15 CARTRIDGES GEORGE, IA. 5'937 ID# CK# ID# CK# ID# CK# ID# CK#

SUB-TOTAL
TOTAL (If last page of this schedule)

\$\788.63 \$69.737.75

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

			_
	~		
	• • •		—
D		-	•
PEGE		Ωt	,

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization) CITTZEN'S FOR ECONOMIL GROWTH IN LYON	Carnon
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.	Reset Form

SCHEDULE D (Rev. 08/96)	INCURRED
CHECK THIS BOX IF AMENDING FORM	
i	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period.,

DATE		has bee	n received.
INCURRED (MM/DD/YR)	NAMÉ AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
11/30/10	LINK STRATEGIES, LLC 321 E. WAZNUT ST. #321 DES MOINES, IA. 50309	GENERAL CAMPAISN STRATEGY DEVELOPMEN	*25,000.00
10/25/10	NEW CENTURY PRESS 310 FIRST AVENUE ROCK RAPIDS, IA. 51246	DISPLAY ADS IN ALL COMMY NEWS PAPERS	* 1417.50
		SUB-TOTAL	\$
			26,417.50
	TOTAL DEBTS OWED BY COMMITTEE AT 1	HE END OF THIS REPORTING PERIOD	\$
			26,417.50
*If actual figure is	unknown, show "estimated" beside the figure.	Pege	1 4 1

(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRU	CTIONS, SEE BACK OF FORM			SCHEDULE	
CITIZE	ENAME (Must be same as on Statement of Organiz TNS POR ECONOMIC GROW	ation) 17 IN CYB	on County	E	IN-KIND CONTRIBUTIONS
			Reset Form	CHECK AMEND	THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE "(if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
09/01/10	RIVERSIDE CASMORGOLF REGION STATE PROPERTY TA. 52327	tr .	SMARY OF SHARON HASELHOFF 1/2	6,923.08	CONTRIBUTION
			SUB-TOTAL TOTAL (If lest page of this schedule)	6,923 <i>0</i> 8 6,923.08	

*Disclosure law requires candidates to disclose the relationship of any relative meking an in kind contribution to the committee. Relationship must be shown to the mird degree of consenguinity (blood relatives) and effinity (relatives by mannage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______of ____

	NS, SEE BACK OF FORM	RESET	SCHEDULE
CITIZEN:	ME(Must be some as an Statement of Organization) FIGR ECONDMIC GROWTH IN CYON COUNT		G BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
PARTI-NAME A	ND ADDRESS OF CONSULTANT		AMENDING FORM
Name of Consu	STRATEGIES, LLC		
Mailing Address	E. WALNUT ST. #321	·····	
	State Zip Code INES, 1A. 50309		
	61/10	TION FOR PERFORM	LANCE
To	30/10 : 25,000.00		
ESTIMATES OF F	ERFORMANCE		
SRT D- ITEMIZEC	BREAKDOWN OF UNREMBURSED EXPENSES PAID BY CONSULTAN expenses should NOT be reported on Schedule B, as they are direct NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	NT TO OTHERS IN PI Payment from the co	ERFORMING SERVICES OF INSURANT.
	NONE	TOTA COE	\$ -0 -
		SUB-TOTAL	\$
	TOTAL (If last pa	go of this schedule)	\$
		Page	of (for Schedule G)

OR INSTRUCTIO	NS, SEE BACK OF FORM		RESET	SCHEOULE	
COMMITTEE NA	AME(Must be same as on Statement of	44	RESET	G	BREAKDOWN
				(Rev. 02/08)	OF MONETARY EXPENDITURES
CATITIEN	s for economic c	srowth imlyo	n county		BY CONSULTANT
				CHECK	THIS BOX IF
	ND ADDRESS OF CONSULTANT			AMEND	ING FORM
Name of Consu				***	
	- LEAH WEL	LS			
1713	E 490 STRE	ET			
City	State				
Sidux f	FALLS. 50	57/03	3		
CONTRACT PE	RIOD (MIM/DD/YR)	TOTAL ANTICIPATED C	OMPENSATION FOR PERFORM	MANOE	
From OB	101/10		THE PER OR	NAME	
· 		20.000	O T EXPE		
10	J- / 14	. 0000	·······································	- NED	Į
ESTIMATES OF I	PERFORMANCE				
			·		
CAMI	PAIGN MANAGE	GR RESPO	NSIBLE FOR	DAY 7	Ho
					-
DAY	FUNCTIONS OF	F CAMPAI	GN.		
DAY	FUNCTIONS OF	F CAMPAI	6N.		_
DAY	FUNCTIONS OF	F CAMPAI	6N.		-
DAY	FUNCTIONS OF	F CAMPAI	GN.		_
ART IL ITEMIZE	D BREAKDOWN OF UNREMBURSS	ED EXPENSES PAID BY CO	ONSE TANT TO COURSE IN D	ERFORMING S	ERVICES OF
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREIMBURGE e expenses should MOT be reports NAME AND ADDRESS TO WI-	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	neultant.) AMOU	INT
ARTIL ITEMZEI ONTRACT (Thes	D BREAKDOWN OF UNREMBURS! e expenses should MOT be reports	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSE TANT TO COURSE IN D	neultant.)	INT
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREIMBURGE e expenses should MOT be reports NAME AND ADDRESS TO WI-	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	neultant.) AMOU	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co ad on Schedule B, as they HOM EXPENDITURE	ONSULTANT TO OTHERS IN P	AMOU EXPEN	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co of on Schedule B, as they HOM EXPENDITURE AS MADE	ONSULTANT TO OTHERS IN PART OF THE CONTROL OF THE C	AMOUNTAINTAIN S	INT DED
ARTIL ITEMIZEI ONTRACT (Thes DATE EXPENDED	D BREAKDOWN OF UNREMBURGE e expenses should MOT be reporte NAME AND ADDRESS TO WI- (Disburgement) W/	ED EXPENSES PAID BY Co of on Schedule B, as they HOM EXPENDITURE AS MADE	ONSULTANT TO OTHERS IN P are direct payment from the co PURPOSE	AMOUNTAIN S	INT DED

	TIONS, SEE BACK OF FORM	
COMMITTEE	RESE	
CATTO C	NAME(Must be same as on Statement of Organization)	G BREAKDOWN OF MONETARY
14/14	N FOR EDONOMIC GROWTH	(REV. 02/08) EXPENDITURES
The Day	old allong	BY CONSULTAN
		CHECK THIS BOX IF
Name of Gons	AND ADDRESS OF CONSULTANT	AMENDING FORM
Mailing Addre	PLY JEAN VANDE WEERD	
906	SOUTH GREENE ZIN Code	
City	SWIH OKEENE	1
ROCK	RAPIDS IA. 51246	
	TOTAL ANTICIPATED COMPENSATION FOR PE	RFORMANCE
	101/10	
To	30/10 : 1,500.02 + EXP	ENICE
	7.7.7	EV SES
ESTIMATES OF	PERFORMANCE	
CAMP	AIGN COORDINATUR- RESPONSIB	IF FOR
DAT.	A ENTRY AND VOLUNTEER R	E CRIVITAGE IT
	THE REAL REAL REAL REAL REAL REAL REAL REA	20101170101
ART#		
	D BREAKDOWN OF UNREIMBURSED EXPENSES BAID BY COMMITTANT TO COMMIT	
ONTRACT (Thes	D BREAKDOWN OF UNREMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS se expenses should NOT be reported on Schedule B, as they are direct payment from t	IN PERFORMING SERVICES OF the consultant.)
DATE	NAME AND ADDRESS TO WHOM EXPENDITING	710 consultant.)
DATE	The state of the district payment from	IN PERFORMING SERVICES OF the consultant.) AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE	AMOUNT
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disturpement) WAS MADE PURPOSE	AMOUNT EXPENDED
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Discussement) WAS MADE PURPOSE SUB-TO	AMOUNT SOPEMBED \$ - O -
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disburgement) WAS MADE PURPOSE PURPOSE	AMOUNT SOPEMBED \$ - O -
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Discussement) WAS MADE PURPOSE SUB-TO	AMOUNT SOPEMBED \$ - O -
DATE	NAME AND ADDRESS TO WHOM EXPENDITURE (Disburgement) WAS MADE PURPOSE SUB-TO TOTAL (If last page of this school	AMOUNT SOPEMBED \$ - O -

FOR INSTRUCTIONS, SEE BACK OF FORM		
COMMITTER MANERAL	RESET	SCHEDULE BREAKDOWN
COMMITTEE NAME (Must be same as on Statement of Organization) CITIZENS FOR ECONOMIL GROWTH		(Rev. 02/08) EXPENDITURES
IN LYON COUNTY		BY CONSULTANT CHECK THIS BOX IF
PART 1 - NAME AND ADDRESS OF CONSULTANT		AMENDING FORM
Name of Consultant		
BROOKE PEDBRSEN Mailing Address 1004 St AVENUE City		
CAN AVENUE		
City ROUL RAPIOS, TA. 512	244	
From 08/01/10	COMPENSATION FOR PERFORM	ANCE
To 11/30/10 : 10,000.	00 + EXPE	VSEC
ESTIMATES OF PERFORMANCE		
CAMPAIGN COORIDINATOR -	RELIPONIES QI	E END
		_
DATA ENTRY AND SIG	N DISTRIBUT	DN.
, i		
PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONTRACT (These expenses should NOT be reported on Schedule B, as they	CONSULTANT TO OTHERS IN PI 1 are direct payment from the col	ERFORMING SERVICES OF Moultaint.)
EXPENDED NAME AND ADDRESS TO WHOM EXPENDITURE (NEWDD/YR) (Disbursament) WAS MADE		AMOUNT
	PURPOSE	EXPENDED
NONE	j	
	i	*-0-
		*-0-
		*-0-
		* -0 -
		*-0-
		*-0-
		* -0 -
		* -0 -
		* -0 -
	SUB-TOTAL	* -0 -
TOTA	SUB-TOTAL (If last page of this schedule)	-0 -